MH 655 NCR Revised 12/11/12

BRIEF FOLLOW-UP MEDICATION SUPPORT SERVICE

(For use by MD/DO and NP and students of these disciplines)

| For use when prescribing medications with clients stable or | n medication | n or when prescribing m | edications based or | a phone call or coll | ateral contact. | | | |
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| Chief Complaint/Client Goals: | | | | | | | | |
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| Brief History of Present Illness/Problem: | | | | | | | | |
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| Treatment Response/Medication Side Effects: | | | | | | | | |
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| Adherence to Medication: | | | | | | | | |
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| Mental Status: | | | | | | | | |
| mental Status. | | | | | | | | |
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| Diagnosis: ☐ Diagnosis remains the same ☐ Di | iagnosis ch | anged [complete Diag | nosis Information F | orm (MH 501)] | | | | |
| Diagnosis: Diagnosis remains the same Diagnosis changed [complete Diagnosis Information Form (MH 501)] Assessment/Intervention/Plan/Clinical Decision Making (Include explanation of changes in Plan and/or Medication): | | | | | | | | |
| Assessment/Intervention/Plan/Clinical Decision Making (Include explanation of changes in Plan and/or Medication): | | | | | | | | |
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| Laboratory Tests Ordered: CBC LFT | ☐ Electro | olytes ☐ Lipids | ☐ Glucose [| ☐ HgbA1C ☐ T | ox Screen | | | |
| Laboratory Tests Ordered: ☐ CBC ☐ LFT ☐ Med Levels ☐ TFTs ☐ Other/Details: | ☐ Electro | olytes | ☐ Glucose [| ☐ HgbA1C ☐ T | ox Screen | | | |
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| | view Form (N | H556) must be complete | ed annually or when n | new/resumed meds pr | rescribed. | | | |
| ☐ Med Levels ☐ TFTs ☐ Other/Details: | | | | | | | | |
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| | view Form (N Dosage | Frequency | Route of Admin | new/resumed meds pi | rescribed. # of Refills | | | |
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BRIEF FOLLOW-UP MEDICATION SUPPORT SERVICE MH 655 NCR Revised 12/11/12 (For use by MD/DO and NP and students of these disciplines)

| Service is Medi-Cal Claimable | : ☐ Yes ☐ No | | | | | | | | |
|---|---|---------------------|----------------------|-------------|--------------------------------|-----------------------|--|--|--|
| | | | | | | | | | |
| Signature & Dis | scipline | Date | | Co- | Signature & Discipline | Date | | | |
| Date of Service: | Procedure Code: | Office Visit 9921: | 2 Home Visit 9 | | 12010 (telephone refill) | | | | |
| Place of Service: | Plan: | 1. Address: | Manual for a liatin | a of Codo | 2). | | | | |
| Evidenced Based Practice (EB Rendering Provider Name: | (Service Strategy (S | Staff Codes | Manual for a listin | | -Face/Other Time (Hrs:Mir | ne). | | | |
| Client Present: Y N | # Collaterals: | | | | vel and documentation time mus | | | | |
| | | Relationship | | | | | | | |
| 2. EPSDT Screening Referral: | ∐ Y ∐ N 3. Pregna | ancy: 🗌 Y 📗 N 4 | 4. Emergency: \Box | Y ∐ N | 5. SED: | hare of Cost: 🗌 Y 📗 N | | | |
| | • | PPORT STAFF ON | • | | ry Initials: | | | | |
| | edi-Cal Late Code: A | □в □С | Medicare: Y | □N | | □B □P □H □N □ | | | |
| This confidential information is prov laws and regulations including b | | | Name: | | IS | S#: | | | |
| laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise | | | Agency: | Provider #: | | | | | |
| | | | 3, | | | | | | |
| permitted by law. Destruction of t purpose of the original request is fulf | | ed after the stated | Los Angeles | County | - Department of Mer | ntal Health | | | |
| File Original in Clinical Record | | | MEDIC ATION | I CLIDE | | | | | |
| Copy of Claim to Data Entry | Copy of Claim to Data Entry BRIEF FOLLOW-UP MEDICATION SUPPORT SERVICE | | | | | | | | |
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